

## Abstrak

### HUBUNGAN ASUPAN ENERGI, PROTEIN, KADAR UREUM DAN DUKUNGAN KELUARGA TERHADAP STATUS GIZI PASIEN HEMODIALISA DI RSUD KOTA TANJUNGPINANG

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**Latar Belakang :** Malnutrisi merupakan masalah utama yang sering terjadi pada pasien hemodialisa, disebabkan antara lain asupan zat gizi inadekuat dan peningkatan katabolisme protein. Tingginya kadar ureum salah satu penyebab menurunnya asupan energi dan protein. Dukungan keluarga diperlukan untuk memotivasi pasien dalam proses rehabilitasi, penyembuhan dan memperbaiki asupan makanan. Penelitian ini bertujuan untuk mengetahui hubungan asupan energi, protein, kadar ureum, dan dukungan keluarga terhadap status gizi pasien hemodialisa.

**Metode :** Penelitian ini menggunakan metode *cross-sectional* dengan jumlah responden 70 orang diambil secara *Total sampling*. Pengukuran asupan makanan menggunakan metode *Food recall* 2x24 jam. Kadar ureum dianalisis menggunakan metode autofotometer, dukungan keluarga menggunakan kuesioner dan status gizi menggunakan IMT.

**Hasil Penelitian :** Sebagian besar responden jenis kelamin perempuan, umur 55-64 tahun, penyakit penyerta hipertensi, asupan energi dan protein sangat kurang, kadar ureum tinggi, dukungan keluarga baik, status gizi normal. Hasil uji *Pearson* dan *Spearman* ditemukan tidak terdapat hubungan antara asupan energi ( $p=0,557$ ), protein ( $p=0,944$ ), kadar ureum ( $p=0,75$ ), dan dukungan keluarga ( $p=0,768$ ) dengan IMT.

**Kesimpulan :** Tidak terdapat hubungan antara asupan energi, protein, kadar ureum, dan dukungan keluarga terhadap status gizi.

**Kata Kunci :** , Asupan energi, dukungan keluarga, Hemodialisa, kadar ureum, protein, status gizi

## *Abstract*

### **CORRELATION BETWEEN INTAKE ENERGY, PROTEIN, UREUM LEVELS, AND FAMILY SUPPORT WITH NUTRITIONAL STATUS OF HEMODIALYSIS PATIENTS IN TANJUNGPINANG CITY HOSPITAL**

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**Background :** Malnutrition is a major problem that often occurs in hemodialysis patients, caused by several factors, among them inadequate nutrient intake, increased energy use, and increased protein catabolism. The high level of urea is one of the causes of decreased energy and protein intake. Family support is needed to motivate patients in the process of rehabilitation, healing and improving food intake. The purpose of this study was to determine the relationship of energy intake, protein intake, urea levels, and family support to nutritional status of hemodialysis patients

**Methods :** The design of this study is using the cross-sectional method with the number of respondents 70 people taken in total sampling. Food intake is carried out by 2x24 hour food recall method. Urea levels by autofotometer examination, family support using questionnaires and nutritional status using BMI.

**Result :** The majority of respondents are female, age 55-64 years, hypertensive comorbidities, very low energy intake and protein intake, high urea level, good family support, normal nutritional status. With the Pearson and Spearman test it was found that there was no relationship between energy intake ( $p = 0.557$ ), protein ( $p = 0.944$ ), urea level ( $p = 0.75$ ), and family support ( $p = 0.768$ ) with BMI.

**Conclusion :** There is no relationship between energy intake, protein, urea levels, and family support for nutritional status.

**Keywords :** Energy intake, family support, hemodialysis, urea levels, protein, nutritional status

